

Fill in this information to identify your case:

Debtor 1	John		Dennis
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Northern District of Georgia			
Case number (if known)	19-54879-lrc		

U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2019 MAY -7 PM 2:44

Richard Smith

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

NONE

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1

John
 First Name Middle Name Last Name

Dennis

Case number (if known) 19-54879-lrc

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1	John		Dennis	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of Georgia				
Case number (if known)	19-54879 lrc			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

2.1 Wells Fargo Mortgage

Describe the property that secures the claim:

\$ 435,000

\$

\$

Creditor's Name
P O Box 10335
Number Street

Single family residence

Des Moines IA 50306
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

2.2 PNC

Describe the property that secures the claim:

\$ 5100

\$

\$

Creditor's Name
P O Box 747066
Number Street

2014 Ford Fusion

Pittsburgh PA 15274
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$

Debtor 1 John Dennis Case number (if known) 19-54879 lrc
 First Name Middle Name Last Name

Part 1: Additional Page
 After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

<input type="checkbox"/>	Describe the property that secures the claim:	\$	\$	\$	
	Creditor's Name				
	Number Street				
	City State ZIP Code				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Date debt was incurred _____ Last 4 digits of account number _____					

<input type="checkbox"/>	Describe the property that secures the claim:	\$	\$	\$	
	Creditor's Name				
	Number Street				
	City State ZIP Code				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Date debt was incurred _____ Last 4 digits of account number _____					

<input type="checkbox"/>	Describe the property that secures the claim:	\$	\$	\$	
	Creditor's Name				
	Number Street				
	City State ZIP Code				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Date debt was incurred _____ Last 4 digits of account number _____					

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$
\$

Debtor 1 John Dennis Case number (if known) 19-54879 Irc
First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	Number Street	
	City State ZIP Code	
<input type="checkbox"/>	Name	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	Number Street	
	City State ZIP Code	
<input type="checkbox"/>	Name	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	Number Street	
	City State ZIP Code	
<input type="checkbox"/>	Name	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	Number Street	
	City State ZIP Code	
<input type="checkbox"/>	Name	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	Number Street	
	City State ZIP Code	
<input type="checkbox"/>	Name	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	Number Street	
	City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	John		Dennis
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (If known)	19-54879-lrc		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2. *JD*
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1	US BANK	Last 4 digits of account number	7	9	9	6	\$		\$	11,581.37
	Priority Creditor's Name									
Number Street P O Box 790084										
St. Louis MO 63179										
City State ZIP Code										
Who incurred the debt? Check one.										
<input checked="" type="checkbox"/> Debtor 1 only										
<input type="checkbox"/> Debtor 2 only										
<input type="checkbox"/> Debtor 1 and Debtor 2 only										
<input type="checkbox"/> At least one of the debtors and another										
<input type="checkbox"/> Check if this claim is for a community debt										
Is the claim subject to offset?										
<input type="checkbox"/> No										
<input type="checkbox"/> Yes										
		When was the debt incurred?								
		As of the date you file, the claim is: Check all that apply.								
		<input checked="" type="checkbox"/> Contingent								
		<input type="checkbox"/> Unliquidated								
		<input type="checkbox"/> Disputed								
		Type of PRIORITY unsecured claim:								
		<input type="checkbox"/> Domestic support obligations								
		<input type="checkbox"/> Taxes and certain other debts you owe the government								
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated								
		<input type="checkbox"/> Other. Specify _____								

2.2	Regions Bank	Last 4 digits of account number	0	9	6	3	\$		\$	11,827.02
	Priority Creditor's Name									
Number Street 3700 Corporate Drive										
Columbus OH 43231										
City State ZIP Code										
Who incurred the debt? Check one.										
<input checked="" type="checkbox"/> Debtor 1 only										
<input type="checkbox"/> Debtor 2 only										
<input type="checkbox"/> Debtor 1 and Debtor 2 only										
<input type="checkbox"/> At least one of the debtors and another										
<input type="checkbox"/> Check if this claim is for a community debt										
Is the claim subject to offset?										
<input type="checkbox"/> No										
<input type="checkbox"/> Yes										
		When was the debt incurred?								
		As of the date you file, the claim is: Check all that apply.								
		<input checked="" type="checkbox"/> Contingent								
		<input type="checkbox"/> Unliquidated								
		<input type="checkbox"/> Disputed								
		Type of PRIORITY unsecured claim:								
		<input type="checkbox"/> Domestic support obligations								
		<input type="checkbox"/> Taxes and certain other debts you owe the government								
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated								
		<input type="checkbox"/> Other. Specify _____								

Fill in this information to identify your case:

Debtor 1	John		Dennis
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (if known)	19-54879-lrc		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Wells Fargo Priority Creditor's Name P O BOX 29482 Number Street Phoenix AZ 85038 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number	\$	\$ 25,943.17
	When was the debt incurred? 04/26/2019		
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify 9115			

2.2 American Express Priority Creditor's Name P O Box 6985 Number Street Des Moines IA 50306 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5 0 0 8	\$	\$ 3,211.88
	When was the debt incurred? 04/26/2019		
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			

Debtor 1

John

First Name

Middle Name

Last Name

Dennis

Case number (if known) 19-54879-lrc

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount**2.3**

American Express

Priority Creditor's Name

Last 4 digits of account number 4 0 0 5\$ _____ \$ _____ \$ 3,522.62When was the debt incurred? 04/26/2019

Number Street

P O Box 6985

As of the date you file, the claim is: Check all that apply.

Buffalo NY 14240

City State ZIP Code

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

2.4

Wells Fargo

Priority Creditor's Name

Last 4 digits of account number 0 4 6 6 \$ _____ \$ _____ \$ 13,464.28

5555 Glenridge connector

When was the debt incurred? 04/26/2019

Number Street

As of the date you file, the claim is: Check all that apply.

Atlanta GA 30342

City State ZIP Code

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

2.4

Citi-Bank

Priority Creditor's Name

Last 4 digits of account number 8 3 5 8 \$ _____ \$ _____ \$ 5,279.15

P O box 52815

When was the debt incurred? 04/26/2019

Number Street

As of the date you file, the claim is: Check all that apply.

Atlanta GA 30355

City State ZIP Code

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

John

First Name

Middle Name

Last Name

Dennis

Case number (if known) 19-54879-Irc

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Citi-Bank

Nonpriority Creditor's Name

P O Box 52815

Number Street

Atlanta GA 30355

City State ZIP Code

Last 4 digits of account number 5 6 2 1

Total claim

\$ 12,397.04

When was the debt incurred? 04/26/2019

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify _____

4.2 Citi-Bank

Nonpriority Creditor's Name

P O Box 52815

Number Street

Atlanta GA

City State ZIP Code

Last 4 digits of account number 2 1 7 5

\$ 7,564.22

When was the debt incurred? 04/26/2019

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify _____

4.3 Bank of America

Nonpriority Creditor's Name

1315 Westbrook Plaza

Number Street

Winston-Salem NC 27103

City State ZIP Code

Last 4 digits of account number 4 5 7 9

\$ 5,764.34

When was the debt incurred? 04/26/2019

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify _____

Debtor 1 John
First Name Middle Name Last Name
Dennis

Case number (if known) 19-54879-Irc

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

US Bank

Nonpriority Creditor's Name

P O box 390900

Number Street

Minneapolis

MN

55439

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 9 5 2 0

\$ 4,853.81

When was the debt incurred? 04/26/2019

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

US BANK

Nonpriority Creditor's Name

PO BOX 722929

Number Street

HOUSTON

TX

77272

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 2 9 0 8

\$ 17,101.56

When was the debt incurred? 04/26/2019

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

US BANK

Nonpriority Creditor's Name

P O BOX 4043

Number Street

Concord

CA

94524

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 3 5 3 7

\$ 3,841.29

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☒ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Case number (if known) 19-54879-lrc

Part 1:

Total claim	Priority amount	Nonpriority amount
0	0	0
1	0	1
2	0	2
3	0	3
4	0	4
5	0	5
6	0	6
7	0	7
8	0	8
9	0	9
10	0	10
11	0	11
12	0	12
13	0	13
14	0	14
15	0	15
16	0	16
17	0	17
18	0	18
19	0	19
20	0	20
21	0	21
22	0	22
23	0	23
24	0	24
25	0	25
26	0	26
27	0	27
28	0	28
29	0	29
30	0	30
31	0	31
32	0	32
33	0	33
34	0	34
35	0	35
36	0	36
37	0	37
38	0	38
39	0	39
40	0	40
41	0	41
42	0	42
43	0	43
44	0	44
45	0	45
46	0	46
47	0	47
48	0	48
49	0	49
50	0	50
51	0	51
52	0	52
53	0	53
54	0	54
55	0	55
56	0	56
57	0	57
58	0	58
59	0	59
60	0	60
61	0	61
62	0	62
63	0	63
64	0	64
65	0	65
66	0	66
67	0	67
68	0	68
69	0	69
70	0	70
71	0	71
72	0	72
73	0	73
74	0	74
75	0	75
76	0	76
77	0	77
78	0	78
79	0	79
80	0	80
81	0	81
82	0	82
83	0	83
84	0	84
85	0	85
86	0	86
87	0	87
88	0	88
89	0	89
90	0	90
91	0	91
92	0	92
93	0	93
94	0	94
95	0	95
96	0	96
97	0	97
98	0	98
99	0	99
100	0	100

BB& T

First Bankcard

Synchrony Bank

Debtor 1 John Dennis Case number (if known) 19-54879-lrc
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☒ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☐ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Synchrony Bank Nonpriority Creditor's Name P O BOX 965004 Number Street Orlando FL 32896 City State ZIP Code	Last 4 digits of account number <u>0 7 0 5</u> When was the debt incurred? _____	Total claim \$ <u>9,837.26</u>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>			

4.2	Synchrony Bank Nonpriority Creditor's Name 7269 Number Street City State ZIP Code	Last 4 digits of account number <u>7 2 6 9</u> When was the debt incurred? _____	\$ <u>7,238.58</u>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>			

4.3	Suntrust Bank Nonpriority Creditor's Name P O BOX 1259 Number Street Oaks PA 19456 City State ZIP Code	Last 4 digits of account number <u>6 5 6 8</u> When was the debt incurred? _____	\$ <u>924.62</u>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>			

Debtor 1 John Dennis Case number (if known) 19-54879-Irc
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Suntrust Bank

Nonpriority Creditor's Name

P O Box 923747

Number Street

Peachtree Corners

GA

30010

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 3 7 3 4

\$ 4,189.10

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Discover

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 5 2 7 3

\$ 7,658.25

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Citi-Bank HomeDepot

Nonpriority Creditor's Name

26000 Cannon Rd

Number Street

Cleveland

OH

44146

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 4 5 2 2

\$ 2,318.25

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

167,673.80

Debtor 1 John Dennis Case number (if known) 19-54879-lrc
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.


		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>167,673.80</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>175,600.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>175,600.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u> </u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u> </u>

Fill in this information to identify your case:

Debtor John Dennis
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia 

Case number 19-54879-lrc
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.3

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.4

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

2.5

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Page 16 of 24

Case number (if known) 19-54879-lrc

Last Name

Additional Page if You Have More Contracts or Leases**Person or company with whom you have the contract or lease****What the contract or lease is for**

ZIP Code

ZIP Code

ZIP Code

ZIP Code

ZIP Code

ZIP Code

ZIP Code

ZIP Code

Fill in this information to identify your case:

Debtor 1	John		Dennis
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (if known)	19-54879-lrc		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.3

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Debtor 1

John Dennis
First Name Middle Name Last Name

Case number (if known) 19-54879-lrc

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 John Dennis
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia ☐

Case number 19-54879-lrc
 (if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:
 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 2,880.00

4a. \$

4b. \$

4c. \$

4d. \$ 250.00

Debtor 1 John Dennis
First Name Middle Name Last Name

Case number (if known) 19-54879-lrc

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>325.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>250.00</u>
6d. Other. Specify: _____	6d. \$ _____
7. Food and housekeeping supplies	7. \$ <u>500.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>30.00</u>
10. Personal care products and services	10. \$ <u>35.00</u>
11. Medical and dental expenses	11. \$ <u>43.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>70.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>25.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>48.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>167.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>585.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 John Dennis
First Name Middle Name Last Name

Case number (if known) 19-54879-lrc

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 5,008.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 5,008.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 5,100.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 5,008.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 92.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: I pain to find additional employeement to satisfied debts.

Fill in this information to identify your case:

Debtor 1 John Dennis
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: North District of Georgia

Case number 19-54879-lrc
 (If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 440,000.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 8500.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* \$ 448,500.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 440,000.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 162,000.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 0
- Your total liabilities** \$ 602,000.00

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
Copy your combined monthly income from line 12 of *Schedule I* \$ 5,000.00
5. *Schedule J: Your Expenses* (Official Form 106J)
Copy your monthly expenses from line 22c of *Schedule J* \$ 5000.00

Debtor 1

John Beavis
First Name Middle Name Last Name

Case number (if known)

19-54879-11

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$5100.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 175,000.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. Total. Add lines 9a through 9f.

\$ 175,000.00

Fill in this information to identify your case:

Debtor 1 John Dennis
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: North District of Georgia

Case number (if known) 19-54879-lrc

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x John Dennis x
Signature of Debtor 1

Signature of Debtor 2

Date 05/07/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY